2:Lewis E-5 (1943-1948)1951 NU37 Tepoztlan NU37

often than the president and that he generally visits the village before elections makes the villagers feel less distant toward him. There is less hesitancy about sending a delegation to the governor than to the president. On the other hand, Tepoztecans are much more critical of the governor and the state government than of the president. Tepoztecans recognize the necessity of a federal government to maintain order and "to protect us from the foreigners." They see much less reason for the existence of the state government, but they fear and respect its powers and authority.

Bodies such as the Procuradería General del Estado and the Receptoría General de Rentas del Estado have enormous meaning to the Tepoztecan. The first is the body in charge of all cases of violation of the public order, and their agents have frequently come to Tepoztlán to make arrests or to track down offenders. The Procuradería settles property cases and often sends summons to Tepoztecans to appear at a certain hour and day for hearings. Tepoztecans complain bitterly about the fact that the Procuradería accepts no excuses and will summon a man during the height of the agricultural season just as readily as any other time. Whether a man has bus fare or not, he must appear in Cuernavaca or an order for his arrest and detention will be forthcoming and a fine will be imposed. The Tepoztecan therefore fears the Procuradería, which appears to him to have arbitrary power. He also fears the public jails and the courts, both of which are related to the Procuradería. The state office of rents in Cuernavaca is also disliked, since it collects the bulk of the taxes taken from Tepoztlán.

In Cuernavaca there are such services as a state hospital and state supported medical clinics. But Tepoztecans are under the impression that the hospital is inferior, and rarely go there. A few have more faith in the hospitals of Mexico City and occasionally go there for serious operations.

RELIGIOUS FACTORS

Just as Tepoztecans are aware of an administrative hierarchy whose seat is in Mexico City, so they are aware of a religious hierarchy headed by the archbishop in Mexico City. Of course, they realize that the final authority is the Pope in Rome. The local priest often mentions the Pope and his messages, as well as the messages from the archbishop. The church in Tepoztlán has taken an active part in all the recent campaigns of the national church organization. For example, the four hundredth anniversary of the Virgin of Guadalupe, which was celebrated throughout the nation, was also celebrated in Tepoztlán and was the occasion for the visitation of church dignitaries who explained the great miracle of the apparition of the Virgin to Juan Diego shortly after the Conquest. In their sermons the priests generally identify the Virgin as a symbol of Mexican nationalism. And of course there are Tepoztecans who go on the annual pilgrimages to the shrine of the Virgin. In addition there are other religious cults of widespread popularity in Tepoztlán and other parts of the nation. One such cult is the Holy Saint of Chalma, who is visited annually by many Tepoztecans.

3:Lewis E-5 (1943-1957) 1960
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177 511 [265] [275] aged foods, mostly to the employed people who live in the center. Old women sold ready-made tortillas in the plaza. There was still no restaurant but there were more saloons. A blare of radios came from the houses and inside some homes one saw a new kerosene or Coleman stove, aluminum pots, kerosene or gasoline lamps, forks, and hand presses for shaping tortillas. At least one home had overstuffed furniture.

[161] [362] But many more changes have occurred than meet the eye. As a result of the population increase—from 3,500 in 1940 to approximately 4,800 in 1957—there is a shortage of housesites and housing, and Tepoztecans petitioned the local government to make available some of the nearby communal lands for new housesites. Several homes have been built on the outskirts of the village and in the surrounding *cerros*. Formerly it was not customary to rent [427] a house; if a Tepoztecan had an extra house he would allow another villager to use it simply for the care of it. Now rental has become quite usual.

177 [759] Since the late forties Tepoztlán has had a resident doctor and since 1952 a doctor from Cuernavaca who formerly practiced in the village has come once a week to see his patients. The clientele of both doctors has been increasing. In 1950, the resident doctor had an average of 75 patients a [278] month; by 1956 the average was 160. Tepoztecans now complain about the expense of medicines and the delay caused by having prescriptions filled in Cuernavaca; the local "druggist" cannot fill prescriptions and carries few [743] patent medicines. The village has a free federal government health clinic [744] which cares for children and pregnant women and administers injections. About ten patients, most of them expectant mothers, come there every day. [751] In 1955 approximately two thousand vaccinations and revaccinations were given.

177 757 753 [759] [844] The clinic and the doctor have by no means replaced the *curanderos*, however. Tepoztecans believe that doctors can cure only certain diseases, and still frequent *curanderos* for those illnesses which they attribute to *los aires*, anger, hot or cold foods, evil eye, and sorcery. Most births are still attended by the native midwives. If the doctor happens to cure an illness thought to be caused by *los aires*, this is taken as proof that the *aires* were not truly the cause. Although the villagers have substituted new terms for old concepts—for example, *los aires* are now sometimes described as tiny animals or microbes and injections are called "cleansings"—it is questionable whether this represents much of a departure from the earlier magical thinking about the causes of disease.

177 241 [312] [377] [464] Like many villages in the densely populated central plateau area, Tepoztlán has not had the benefit of the great new hydroelectric and irrigation projects. Its agricultural base has remained very much the same; there has been no mechanization and no new important cash crops have been introduced. The peasants continue to work their land as before, although a few are now using some commercial fertilizer. Because the lack of change in agriculture combined with the rapidly increasing population has forced Tepoztecans to seek work in nonfarm occupations, a much lower proportion of the gain- [314] fully occupied are now peasants. The federal campaign for the preservation of

4:Spitzer E-5 (ca. 1956) 1957
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the reception of Holy Communion. As a part of the social celebration, special foods are also prepared, and there is general feasting. A humble resident of San Pedro invited us to visit again at fiesta time, explaining that "the fiesta is good, as there is much beer and punch". This social feasting was observed particularly in the barrio of Santa Cruz both preceding and following the Solemn High Mass at noon, which marked the climax of the fiesta. Padre Rojas was the celebrant, assisted by two priests visiting from Cuernavaca, one of whom delivered an eloquent sermon on the meaning of the occasion. The large congregation present responded with deep feeling which was expressed in various ways. The loud ringing of bells both inside and outside the chapel, together with the setting off of fireworks at the Consecration, were among the unusual features of this expression. This is a folk practice which obtains in all of the barrio fiesta celebrations.

There appears to be some confusion among scholars about folk practices among Catholics which relate to medical superstitions. In Tepoztlán we found that there are still several curanderos, or folk doctors, who practice rather extensively, although there is a young physician resident in the village who is a graduate of the University of Mexico's School of Medicine; and a free Public Health Clinic is in daily operation. It is difficult to separate some of the practices of the curanderos from magical or religious meanings. Frazer has suggested that much of the Aztec sacrifice and ceremonial is magical, but not religious.

One of the chief curanderos of Tepoztlán has seven wives, and is quite wealthy. He is a colorful character, having a certain degree of importance and prestige. Many people whose Catholicism ranges from formal to folk, patronize him in preference to going to the local physician. Yet his marital status is not approved by the formal Church, and his Catholic "patients" do not think of him in terms of his private interpretation of marital life, but rather as one who possesses special knowledge which will help them to overcome infirmities. Julian Pitt-Rivers has described a similar situation in an Andalusian village of

5: Lewis E-5 (1943-1944, 1947-1948) 1955
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Case 15

MEDICINE AND POLITICS IN A MEXICAN VILLAGE

by Oscar Lewis

In writing about the community and the health officer, Dr. George Rosen urges us "to recognize first of all that the community is a power structure. Somewhere it has a locus of authority. There are people in it who decide what many other people shall or shall not do, how they shall live and work, and many other fundamental matters." Any new venture in the health field will stand or fall partly on its merits and partly on its implications for strengthening or weakening the prevailing pattern of power. This has been documented in Dr. Kimball's case study of an Alabama community and in the Brazilian study by Dr. Oberg and Mr. Rios. In yet another form, it is again exemplified in Dr. Lewis' case study.

Dr. Lewis relates a troublesome episode that formed part of the field experience upon which his book, Life in a Mexican Village, *is based. The importance of the present study rests on what it reveals about overt and covert aspects of the power process. It reviews the intricate maneuvers by which a psychological research project was played off against a medical service originally set up in response to popular request. For instances of other programs combining research and service activities, the reader is referred to the Canadian study by Dr. John and Dr. Elaine Cumming, the Thai study by Dr. Hanks and his associates, and the Wellesley case study by Dr. Naegele.*—EDITOR

THE PROBLEM

Villagers Stop Using a Local Clinic

Shortly after arriving in the Mexican village of Tepoztlán in 1943, our community research team began to meet with the heads of families in various parts of the settlement to make ourselves known and to explain why we were there. Although our primary objective was to study village life rather than to change it, the villagers took advantage of these introductory occasions to direct attention to their pressing problems. They pointed out that their lands were becoming increasingly sterile, that for lack of water they could raise only a single crop a year, that they needed an-

5: Lewis E-5 (1943-1944, 1947-1948) 1955
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other school, and that there was no doctor in their village. One dignified, elderly Tepoztecan expressed the general attitude when he said, "Many people have come here to study us, but not one of them has helped us."

At the same time the Mexican government, through its Department of Health and Welfare, was concerned over the problem of resistance to modern medicine in some of the rural areas. They wanted to know more about the reasons behind the apparent lack of confidence in modern doctors and the difficulties encountered in trying to win the villagers away from native *curanderos*.

Acceding to the wishes of both the villagers and the government, we decided to set up a small medical clinic in Tepoztlán. The villagers had made it clear that if they were to cooperate by satisfying our research aims, they would expect something practical in return. They had expressed a need for improved medical service, and the clinic appeared to be a good answer to the problem. Federal officials similarly declared themselves more willing to cooperate with us if some of our research work was designed to throw light on problems faced by the government. The Department of Health and Welfare was reluctant to furnish a doctor solely to perform examinations in connection with purely theoretical research on personality development, as we had requested, but readily agreed to send a doctor to treat patients of the proposed medical clinic in Tepoztlán. The Department also became very much interested in our suggestion that the doctor experiment by discussing disease and cure with his patients in terms of native concepts, rather than ignoring these as "unscientific," as a method of establishing rapport and winning confidence.

The plan to establish a clinic thus appeared to answer expressed needs of both local and government people and to provide a way for us to obtain the active cooperation of both these groups. Arrangements were made to obtain the facilities for the clinic, and a doctor was sent by the Mexican Health and Welfare Department. The clinic was only one part of a broader program of services made available to the villagers at their behest. In addition, two agronomists and four social workers were brought in to serve the villagers. Little or no opposition was encountered to their work and to the research itself.

5: Lewis E-5 (1943-1944, 1947-1948) 1955
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During the first week, in early February, the clinic had 11 patients and after about two months, this number increased to 35. Then abruptly, in April, patients stopped coming, and the clinic came to a complete standstill. What lay behind the failure of the clinic? Why should attendance cease so suddenly and completely in the face of an expressed need by both the government and the villagers? To find the answers, we must understand the social structure and the people of Tepoztlán: their resources, hopes, fears, and attitudes toward authority. Because the medical service program was only one part of our team's activities and because the parts became linked in devious ways, it is also essential to explain the psychological phase of our research and the response it engendered.

THE SITUATION

A Requested Service Is Ensnared in Political Intrigue

Tepoztlán and Its People

Tepoztlán is an ancient highland village of about 3,500 people 15 miles from Cuernavaca, the capital of the state of Morelos, and 60 miles south of Mexico City. Since 1936 it has been connected by a paved road to the highway running between Mexico City and Cuernavaca and has daily bus service. Tepoztlán is located just above the malaria area and is considered one of the most healthful spots in the state of Morelos, with one of its lowest death rates. However, this is a relative matter. The average rate of infant mortality for the period 1930 to 1940 was 102.3, and the general mortality rate for the same period was 20.2.

The village includes peasants, artisans, and shopkeepers, but over 90 per cent of the 853 families earn their living from agriculture. Most of the land is mountainous, forested, and depleted. Less than 15 per cent of the total land area is arable and only a single crop of corn is harvested each year. Some own their agricultural plots or have rights to certain parcels of the public land which remain with the farmers as long as they continue to work them. Other farmers must till the poor soil of the stony hillsides belonging to the community and free to anyone who wishes to cut

5: Lewis E-5 (1943-1944, 1947-1948) 1955
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105 and burn away the trees and bushes every two or three years in order to plant corn and beans. Rapid erosion prevents the poor-land farmer from using the same hillside clearing year after year.

Both Spanish and Nahuatl, the native Indian language, are spoken in the village. About half of the people are bilingual, the other half speaking only Spanish. More than 40 per cent of the adults are illiterate. There are two schools in the village attended by more than 500 children.

The village is divided into seven *barrios*, each with its patron saint, internal religious organization, festivals, and a plot of land worked collectively by the men of the barrio to provide for the upkeep of the chapel. There is considerable esprit de corps among barrio members who act as a cooperative unit on some occasions. The barrio is a more meaningful unit to many villagers than the official governmental divisions of the village into political wards. In addition to the seven barrio chapels, there is also a large central village church with a resident Catholic priest.

105 The village has changed in important ways since the Revolu-
177 tion. These changes may be summarized as follows: a rapid increase in population; some improvement in modern health services, threatening the position of the curanderos; a rise in the standard of living and in the aspiration level of the people; a decrease in the number of peon and landless families (formerly these constituted the bulk of the families); the growth of a greater variety and specialization of occupations; a decrease in the use of Nahuatl and a corresponding spread in the use of Spanish; a rise in literacy and the beginnings of newspaper reading.

In sharp contrast to the rapid changes which have occurred in other aspects of life, there has been no comparable improvement in the agricultural techniques and capacities of the village. This has given rise to a dilemma; on the one hand, there is a rapidly increasing population and a higher aspiration level, while on the other hand, there is a growing sterility of the land, decreasing yields, and progressive difficulty in satisfying newly felt needs.

Setting Up the Clinic

177 Once we [illegible]d decided to set up a medical clinic, we began to
● 743 plan its organization. At first we considered the idea of setting up

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a temporary clinic to last only for the duration of the assignment of the doctor provided by the Department of Health and Welfare. Later, however, at the suggestion of the Department, we decided to establish the clinic as a village cooperative. The cooperative form of organization was being encouraged by the federal government at that time, on the assumption that it was in accord with native tradition. We also believed that a cooperative would be more useful in that the doctor might be kept on by the village itself long after we had left and the doctor's original assignment expired. Moreover, we viewed this enterprise as an experiment in setting up a democratic institution in a village in which the tradition of democracy was practically absent, and as a test of the readiness and ability of the Tepoztecans for such an organization.

The plan for the cooperative was fully explained to the local authorities in Tepoztlán, especially to the mayor of the municipality, and it seemed to meet with his interest and approval. When a doctor was finally obtained from the Department of Health and Welfare, the mayor was asked to call a meeting of the entire community to introduce the doctor and to discuss plans for the cooperative. He promised to call such a meeting but never did. The members of our mission thereupon visited many of the families in each barrio, and a meeting of the villagers was arranged. A Tepoztecan band was hired to create a fiesta atmosphere, for we had already learned that practically the only occasion that will bring Tepoztecans together is a fiesta. More than 160 Tepoztecans attended the meeting. This was a good turnout for the village, considering their general lack of confidence. The organization of the cooperative was discussed, and many Tepoztecans participated in the discussion.

It was decided to charge a membership fee of one peso, and 25 centavos a month thereafter. In addition, members were to pay one peso to consult the doctor, and this would include free medicines. The money collected was to form a fund for the purchase of medicines and other supplies and for paying the rent of the doctor's office. The ultimate objective was for the cooperative to be self-supporting, even to the extent of paying for a doctor if it had to. It was hoped that the six-month period for which the doctor was assigned by the Department of Health and Welfare

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would give the cooperative the opportunity to accumulate the necessary funds to carry on independently.

It was believed by the staff and borne out by the consensus of the first meeting that the barrio provided the most logical basis upon which a cooperative organization could be built because it was the primary cooperative unit in the social organization of the village. As already indicated, each barrio has its own patron saint, its chapel, its own festivals, and a plot of land which is communally worked by the men of the barrio to provide for the upkeep of the chapel. Fiestas were traditionally organized on a barrio basis, and in recent years participation in sports events has been on a similar basis. Thus, the few cooperative activities in the village were barrio activities. Furthermore, the barrio chose its own ceremonial officials in a fairly democratic fashion, whereas the village officials, though nominally elected, were in practice chosen by the governor of the state of Morelos. In organizing the cooperative on a barrio basis, we were therefore attempting to tie it to a geographical and social unit which still retained some of its indigenous cooperative traditions.

At the mass meeting a central village committee of seven members was elected, one from each barrio, and provisions were made for the election of barrio committees consisting of three persons each. These local committees were to be charged with recruiting members in their barrios and with popularizing the cooperative. The meeting ended on a hopeful note, and the central committee promised to get right to work organizing the barrio committees. But at the first scheduled meeting of the central committee, only three members appeared, and this was symptomatic of what was to follow. After three weeks, only three of the seven barrio committees had been organized.

In the meantime, the doctor furnished by the Department of Health and Welfare arrived in Tepoztlán. A room in a house on the central plaza was obtained as an office. Essential equipment and medicines were purchased out of the first funds collected by the cooperative. Although no nurse was available, the social worker attached to the community research project assumed some of the nursing duties and accompanied the doctor on home visits. In addition to his clinic duties, the doctor worked in a research

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capacity with another part of the program, but he remained on call at all times for clinical services. 177 743

In line with our intention that the clinic serve a research function in addition to its service activities, it was planned that in addition and prior to the usual physical examination of each patient, the doctor should also use forms that called for the following kinds of information: a textual account of the history and causes of the diseases from the patient's point of view; whether the patient visited the curandero; the diagnoses and therapy of the curandero; the fees paid, and so on. The doctor was expected to utilize this information wherever possible in establishing rapport with the patient. Furthermore, it was hoped that in this way it would be possible systematically to obtain important data on native concepts of disease and therapy, and by comparing the diagnosis of the patient and the curandero with that of the doctor, to understand better the rationale behind native concepts. [759] 177 743 125

Since funds from the cooperative came in slowly, the facilities of the clinic were never quite adequate. In addition, the first doctor furnished by the Department of Health and Welfare was a young, unmarried man whose previous experience was limited and had been confined to urban areas. Neither by training nor temperament was he particularly well fitted for the sensitive and demanding task of treating the people of a rural Mexican village. After a month, he was replaced by an older doctor with more experience. 177 743 759 [474]

However, our initial difficulties in getting a suitable physician and adequate equipment did not appear to trouble the prospective clients of the clinic. During the first week, as already indicated, the doctor had 11 patients, and subsequently the figure slowly increased to 35. Then quite suddenly, patients ceased to come altogether. For all intents and purposes, the clinic was through. 177 743

It would be tempting at this point to attribute the demise of the clinic to the inadequacies of its doctors and physical facilities and to look no further to find reasons for its downfall. But such an explanation would be partial at best. In the first place, the drop in attendance was abrupt and complete, not the gradual falling off one might expect to result from cumulative dissatisfactions.

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Second, as we shall see, there are good reasons for believing that much the same thing would have happened even if the service had been excellent and the physical facilities exemplary. Although we cannot discount completely the effect of dissatisfaction over the quality of the clinical service, it will become apparent that other forces at work in Tepoztlán exerted greater influence. To discern the nature of these forces we must look to the general climate of the village, particularly the medical and political climate.

The Medical Climate of Tepoztlán

The trial clinic on the central plaza of Tepoztlán was not introduced into a medical vacuum. On the contrary, it found itself within a milieu of well-established medical beliefs and theories of disease and within a network of traditional practitioners whose curative techniques reflected these beliefs and theories.

There are three kinds of health practitioners in Tepoztlán—curanderos, *mágicos*, and "el doctor." Curanderos are the most numerous and are primarily women. They are visited most frequently and charge small fees of 25 or 50 centavos. There are two mágicos, men who may use the herb remedies of the women but also resort to spiritualism and magic and are feared for their great power. Their fees are higher, ranging between one and ten pesos. The curanderos and mágicos are, of course, Tepoztecans. However, "el doctor" is an outsider who has taken up residence in the village. He poses as a doctor but has no professional training. He charges fees as high as 100 pesos. Curanderos are sometimes paid in corn or other produce. This is one of the very few remnants of the old barter economy and indicates how closely the curandero system and the native economy were integrated. With the increasing dominance of a money economy there is now more cash available, and some families visit the doctors in Cuernavaca.

There was no resident doctor in 1943, but the villagers had had some previous experience with doctors and modern medicine. Two young Mexican doctors had spent six months each in the village in fulfillment of their training requirements for the doctor's degree. Public health teams had visited the village frequently since 1936 to administer injections against infectious diseases;

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759 clientele insist that the seven women help him treat the sick and perform a series of mysterious devotions which he practices nearly every night.

755 The technique employed by Don Rosas on his patients contains an interesting combination of Catholic, pagan, and possibly African elements. He does not deal directly with a patient but gets information concerning the nature of the illness through an assistant who questions the patient. After the conference the patient is taken to a room which resembles a chapel in that it has an altar and images of saints. The patient is seated on a chair close to a heavy curtain behind which sits Don Rosas. The visitor
787 is given an image of a saint to hold while the curandero prays and
755 goes into a trance. When he is "as if dead" an assistant wafts incense smoke toward him and he begins to speak, as though from a deep sleep, telling what illness the patient is suffering from. Whether or not a cure is possible, is determined by a glass of water which has been placed among the images near the incense burner. If the water turns white there is hope for a cure, if black there is none.

755 If a remedy is possible, Don Rosas then points out the necessary steps to protect the individual and his family from the enemy who is provoking the symptoms. The patient must drink a sweet-sour tasting liquid, prepared by Don Rosas and stirred with a metal cross. The patient then pays two pesos for the cure but first must cleanse himself with the bills in the parts of his body which give him pain, and leave the money on the altar. Before leaving, the patient is given additional medicines to take each night and is generally advised to cleanse himself with very hot herb applications. More medicine is given as needed without charge and the patient is advised that the medicine must never be placed on the ground since it would lose its potency. Some patients need several consultations, all of which are conducted in the same manner, before they feel well again.

177 Although he does not hold any official municipal position, Don
● 743 Rosas is a tremendous power in Tepoztlán because of his prestige
[554] and renown as a curer. There is little doubt that the introduction of a medical clinic in the center of his own community did not

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escape his watchful eye. Nor did it escape the notice of others in positions of power who did hold office. While the medical aspects of the clinic were of paramount concern to local health practitioners, its organizational aspects attracted the watchfulness of local political officials.

The Political Climate of Tepoztlán

The village of Tepoztlán is the largest of eight villages that comprise the municipality of Tepoztlán. It is the seat of the municipal government and as such is the most important administrative and political center of the municipality. The municipality of Tepoztlán is one of 27 municipios of the state of Morelos. It is governed by the state constitution which provides for "free municipios," local governments elected by popular vote.

The municipal government consists of the following officers: mayor, syndic, comptroller, secretary, treasurer, police chief, subpolice chief, justice of the peace, his secretary, and a porter. In addition, there are eight councilmen, each representing one of the wards of the village. The four major officials—mayor, syndic, comptroller, and justice of the peace—are elected by popular vote for a two-year period. The other officials are appointed by the mayor in agreement with the syndic and comptroller.

The duties of the major officials are determined by state law. Their manner of functioning depends upon their personalities. A meek mayor will serve only as a figurehead and allow the syndic and secretary to run the government. An aggressive mayor may take over the functions of the other officials. As executive officer, the mayor is the official representative of Tepoztlán in dealings with the outside. His signature is necessary for most correspondence and official acts. He sets the fines for infractions of the law; in addition, villagers often bring their private difficulties and family quarrels to him.

By far the greatest number of tasks falls to the secretary. He is generally the most literate of the officials. He opens and closes the government offices six days a week, signs all correspondence, attends all public functions, maintains the records of the munici-

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pio, advises the other officers of the state law, keeps the mayor informed of all complaints, and attends to all complaints and requests for certifications.

According to the law of the state of Morelos, Tepoztlán is supposed to be a free and autonomous political and administrative unit. In practice, however, the municipio appears more as an administrative dependency of the state governor. It is he who makes most of the municipio's major decisions, and decides local conflicts. There are no well-organized political parties in Tepoztlán; rather there are a number of loosely organized factions. This makes it necessary for every candidate for political office to play politics skillfully to obtain sufficient support from the unorganized electorate. Any recent incident or situation in the public eye is enlisted to further one's political fortunes. Municipal elections command much public attention and are bitterly fought.

When the medical clinic was established early in 1944, local politicians were looking ahead to the municipal elections in November. The mayor especially was worried about his position, since he had been temporarily jailed a short time before by the state governor for practicing nepotism. The comptroller, who had been appointed mayor pro tem, was most reluctant to relinquish this office when the mayor was released and ready to regain his post. Two councilmen with their eye on higher office had formed an "Education Committee" to espouse the construction of a new school and were hostile to the newly appointed principal of the existing school.

It was into this atmosphere of political intrigue and jockeying for power that the clinic happened to be introduced. It intruded directly or indirectly into the sphere of interest of important and influential figures in Tepoztlán—Don Rosas, the mayor, the comptroller, the Education Committee, the school principal, and others. Since none of these could claim credit for introducing this new public service and since its presence distracted the people from the coming elections and served as a reminder of how little the local officials did for the village, the clinic became the object of their attack. Each in his own way examined our project as a whole to find something that presented a vulnerable front for attack. They found it in the testing program.

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What Lay Behind the Attack

What lay behind the attack on the testing program? The mayor, the secretary, the school principal, the two councilmen on the Education Committee, and others who openly denounced the program justified their opposition on the grounds that the tests were immoral. Some of those who opposed the program may sincerely have believed this, but there is ample reason to believe that other reasons were of equal or greater importance. We have already seen that there were a number of highly influential people in Tepoztlán who saw in the clinic a threat to their own position and that there were others who saw the presence of active outsiders as an opportunity to advance their own political interests.

In the former category the outstanding person was Don Rosas, Tepoztlán's most eminent curandero. In spite of the power and prestige he enjoys, Don Rosas cannot help see the gradual and inexorable advance of modern medicine into rural Mexico as a threat to his position. Opening the clinic in the central plaza of Tepoztlán placed his enemy on his front doorstep; the very first patients to visit the clinic were those whose ailments had not responded to treatment by the curanderos. Although Don Rosas himself did not play an active part in the various meetings where the hostility of the villagers to the program was expressed, he was an active influence behind the scenes. Not only did he agitate the mayor, the secretary, and others, but he was directly responsible for the rumor that indecent pictures were being shown.

When the clinic was first established, it was immediately seen by Don Rosas as a threat, and one to be eliminated by any means. But he was too clever to risk an open attack on a venture that was patently humanitarian and had already received the support of a substantial number of villagers. Casting around for the best strategy, he hit upon the testing program as the logical target. The purposes of psychological testing were difficult for many villagers to grasp. Moreover, the pictures shown on one of the tests were highly ambiguous in form and subject to all sorts of interpretations. Don Rosas made a trip to Mexico City and there purchased a set of pornographic pictures. Upon his return he showed these pictures around the village, telling the parents,

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125 661 [759] [208] "*These* are the pictures they are showing your children! *This* is what they call science!"

Don Rosas was not the only influential figure in Tepoztlán who saw the clinic as a threat. Its inception was a danger signal to the mayor, and through him to the state senator and state governor, all of whom had already been alerted to the disruptive potentialities of the research team by a previous incident.

125 661 648 We had been in Tepoztlán one month, when a committee of poor-land farmers appealed to us to aid them in a boundary dispute with a neighboring village. The communal land was involved and if the dispute was lost, 200 families might face destitution. In spite of the fact that communal land was in question, neither the mayor nor the senator was doing anything about the case. The poor-land farmers claimed that these two officials were acting on the orders of, or out of fear of, the state governor, who they said had an interest in a large cement factory which obtained its fuel from the forests located on the disputed land. The committee had come to us because we happened to have an attorney on our staff. We explained that we could not help them officially or appear in court for them, but that our lawyer could advise them privately, as a friend. We made this decision because many of the families involved had been cooperating with us in our study of family life. Also, we felt that the dispute was a real threat to a large group of Tepoztecans and to the entire village. An investigation convinced us that their claims were just, and we felt obligated to do what we could. The word got around, and apparently the state governor and the senator, as well as the mayor, interpreted our decision as strengthening the hand of political forces opposed to the established powers.

125 661 743 [208] When the clinic was set up, people began to say that the project members were doing more for their welfare than their own mayor was doing. This was ample grounds for mobilizing the opposition of the mayor, already made wary by the communal land incident. Don Rosas would have had little difficulty in persuading the mayor to direct the power of his office against the program. Perceiving the service activities of the project as a threat to their interests, Don Rosas, the mayor, and the governor instigated or supported feeling against the project.

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125 661 177 In brief, our well-intentioned efforts to win the cooperation of the villagers by helping them solve some of their problems were interpreted by several local figures as a personal threat.

● 743 By advising the poor-land farmers we unwittingly were helping the faction out of power; by establishing the clinic we were implicitly reproaching the "do-nothings" in power. The testing program, whose purposes were only vaguely comprehended and only indirectly beneficial to the people, provided a vulnerable target, and it was here that hostility aroused by the introduction of the medical clinic could be played out.

The strategy was effective. The loudly expressed indignation of the officials and a small but vocal group of villagers succeeded in intimidating the rest of the people for a period of time. The clinic languished and we made no attempt to reestablish it. The testing program was stopped in the school but continued quietly in the homes; in the six months that followed, the research program was carried out without further disturbance.

Cooperatives, Individualism, and Politics

177 743 661 We have already seen that inadequacies in the facilities of the clinic had little bearing on its failure. In fact, one might speculate that the clinic would have aroused even greater opposition had it been medically more effective. If so humble an example of modern medicine could provoke disruptive antagonism, a well-equipped clinic, better able to meet the needs of the villagers, might have posed an even greater threat to those in power.

177 743 476 It is also possible that less opposition would have been aroused had we not decided to organize the clinic on a cooperative basis. We have already given the rationale for deciding on the cooperative type of organization. Had we known then what we found out later, we would have reconsidered our decision. However, the very fact that we acted as we did set into motion events that gave us additional insights into the culture of Tepoztlán.

The Mexican Revolution had far-reaching effects upon Tepoztlán. It succeeded in breaking down the rigid social class distinctions which once existed in the village and imbued the people with a consciousness of their rights as individuals. The [571] strong individualism of Tepoztecans manifests itself in their social

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and economic institutions. The biological family is the more or less self-sufficient and independent economic unit. Social relations between families and even close relatives are formal and distant. Land is owned individually, and even the communal lands are worked individually. Work exchange is uncommon; wage labor prevails in intra-village relations. Occasions upon which either men or women cooperate in their daily tasks are few. Before the Spanish conquest more than 400 years ago, there existed a system of cooperative labor called *cuatequitl* which was used for the building of village public works, but it was never a purely voluntary organization and has now almost completely disintegrated.

Practically the only occasions upon which the Tepoztecans have shown either a willingness or capacity to work together has been in connection with their fiestas and when their communal lands were threatened. But even in regard to the latter, there is growing disunity. In the land dispute previously described, only those individuals whose interests were directly affected took measures to protect themselves.

Another reason the cooperative form was not appropriate to Tepoztlán relates to the great complexity of social, economic, political, and religious cleavages among the villagers. There are landless peons and wealthy farmers; literate and sophisticated merchants of the central plaza and illiterate and primitive farmers of the outlying barrios; the sons of the families that dominated Tepoztlán prior to the Revolution and the very Zapatistas who overthrew them; the fanatic believers in the old Catholic religion as practiced in Tepoztlán with its elements of paganism, and a Protestant sect which has succeeded in winning almost an entire barrio as adherents; sympathizers of Synarchism on the one hand and sympathizers of the left-wing labor movement on the other. In addition to all this, within many families there are differences between the younger and older generations which reflect the rapid changes taking place in the village.

IMPLICATIONS

Our experience in Tepoztlán suggests a number of more general problems concerning the comprehensiveness of village

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research and improvement programs, the type of doctors suitable for work in rural areas, the role of local organizational patterns, and the significance of the local balance of power.

Combined Programs

From the standpoint of our research aims, it seemed desirable to provide the services of a medical clinic to gain good will and cooperation. Conversely, the psychological testing program seemed warranted, quite apart from its value as a social science research tool, as one means of understanding the people's attitudes and behavior in order to have a better basis for predicting the outcome of health and betterment programs. Thus, a combination of research and service programs held out the promise of better results than could be expected from either activity alone. At the same time, each was capable—as it turned out—of arousing overt or covert opposition which could be directed against the other. It might be argued that a limitation of activity in the village would expose a smaller flank for attack. The merits and handicaps of mixing research and service are difficult to assess apart from the particular situation. Even in a specific case, as in Tepoztlán, the fact that one course of action encountered trouble does not necessarily imply that an opposite course would have been more successful.

A more positive stand can be taken on the issue of whether a medical care program would thrive better if it were introduced by itself or if it were made part of a more comprehensive improvement program. While it is possible that a more general approach might threaten more interests and thus incite a more general counter attack, it is also clear that even a very limited program of modern medical care such as was attempted in Tepoztlán would have great difficulty sustaining itself so long as the villagers remain as poor as they are. Even the modest fee of one peso charged by the cooperative proved too much for many. Financial means is not the whole answer, but it is a necessary element in the totality of factors affecting the success or failure of a medical service clinic. The spread of modern medicine hinges, among other things, on increasing the income of the villagers and is related to the larger problem of raising the standard of living by

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increasing purchasing power. This in turn requires an action program wider than health improvement by itself.

Introducing Modern Medicine in Rural Mexico

Despite their high degree of acculturation, the majority of Tepoztecans are not ready to give up their curanderos. However, they are ready to consider the doctor an alternative, especially in cases of chronic or serious illnesses. This was clearly shown by the fact already mentioned that the doctor's first patients were persons who suffered from chronic illnesses which apparently had not responded to the treatment of the curanderos. Because of this circumstance the doctor begins with a handicap. Unable to produce miraculous cures in these far-gone cases, he loses prestige.

There is a great lack of confidence in doctors, partly because so many of them display an attitude of superiority toward native concepts of disease and often ridicule native beliefs and practices. Indeed, the Tepoztecans, as well as the doctors, are keenly aware of their different conceptual worlds. This is undoubtedly a serious obstacle to the spreading of modern medical practice and unless the gap between these two distinct levels of explanation is bridged, progress will be very slow.

A few examples from Tepoztlán will help to make this clear. According to Tepoztecans, there are "hot" and "cold" diseases, just as there are "hot" and "cold" foods. A mother who is convinced that her child is suffering from a hot disease brought on by the adultery of her husband, knows that the child needs a cold medicine. If she goes to a curandero, she tells him that the child is suffering from a hot disease, but if she goes to a doctor she says nothing. If the doctor's medicine does not improve the child, the mother attributes it to the fact that the doctor did not understand the nature of the illness and gave the child a hot medicine instead of a cold medicine.

On the other hand, if the curandero does not effect a cure, her explanation is of a different kind. She now believes that the heat of the disease was so great that there was no medicine cold enough to counteract it; her faith in the curandero and distrust of the doctor continue. In the case of the illnesses supposedly caused by humors or spirits of the air, most Tepoztecans are reluctant to

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177 visit a doctor because of their conviction that doctors do not
757 understand either the cause or the cure of such diseases.

[753] Governed by their own interpretation of illness, people in the village approach modern doctors with distrust, realizing that they do not fully understand certain classes of illness, such as those due to evil humors or those related to the hot-cold distinction. It is, therefore, important for the doctor to become familiar with the native concepts and to utilize them as a psychological means of gaining confidence. The job of establishing rapport and gaining confidence under these conditions is no easy one. It demands a doctor who has the zeal and spirit of a missionary and some understanding of the relativity of cultural values.

177 Aside from factors of personality and of understanding local
757 beliefs, the ability of a doctor to gain confidence and prestige de-
759 pends upon his technical skill in making accurate diagnoses and effecting cures. While it is unfair to generalize about the quality of Mexican rural doctors as a whole, our impression from personal experience is that they are poorly trained and equipped and show little enthusiasm for work in the villages. Considering the conditions under which rural doctors must live and work in Mexico, it is probable that this phenomenon is more widespread. There is little incentive for the superior doctor to leave the city and go to rural areas. At best, few are willing to undergo the hardships of rural life with its isolation and lack of comforts and diversions; in addition, salaries are low, opportunities for advancement are few, and there is little permanency of assignment. As a result of these conditions, rural doctors are frequently recruited from those of inferior abilities and this in turn makes it more difficult to win over the Indian villager to modern medicine.

Local Organizational Patterns

177 Any attempt to revive or establish a "democratic" institution,
476 such as a cooperative in a community that has lived for years
743 under an authoritative system, must take cognizance of the pro-
474 found effect of this conditioning to authority upon the psychology of the people. The lack of personal initiative and village spirit
[157] found in Tepoztlán may be attributed to this conditioning. Our experience made it clear that chances for success would have been

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better if we had operated according to current organizational practices. Had the doctors been brought in to set up a private clinic rather than a cooperative, there might have been less difficulty. Previous attempts to set up cooperatives in other activities had met with similar or more drastic difficulties. In 1930 Tepoztlán organized a Forestry Cooperative for the production and sale of charcoal. It lasted only a few years, for the village divided into hostile political factions. The officers of the cooperative were suspected of stealing funds, the president was murdered, and the cooperative dissolved. A more recent cooperative to run the bus line between Tepoztlán and Cuernavaca also is rent by dissension and violence.

The results in Tepoztlán lead to the conclusion that the introduction of modern medicine should not be attempted through the mechanism of cooperatives in regions where a long-standing cooperative tradition is lacking. The more general lesson is that programs, to be practical, are not to be devised according to an ideal organizational model, however much this model may appeal to program planners, but must take account of the organizational pattern familiar to the people of the particular community.

Entrenched Power

Those who enter a community to engage in an action program must recognize the implications of the fact that they are not entering a power vacuum. In every human community there exists a network of relations between individuals. It is to the interest of many of these individuals to maintain this system of relationships. Any group of outsiders moving into a community will be seen by some as potentially disruptive, even if they plan no action. If they do plan action, whatever positive measures they undertake, no matter how benign, will be perceived by some community members as a threat to their own status and interests.

It is tempting to attribute the antagonism of these people and their obstructive activities to the fact that they are wicked people, opposing common good because of selfish motives. Even if this were so, the frequency of such obstruction makes it reasonable to anticipate its occurrence and to be able to cope with it realistically.

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177 743 661 759 It may appear to some that the downfall of the clinic in Tepoztlán can be attributed simply and directly to the personal antagonism of Don Rosas. Already worried that his power and position of privilege would be undermined if modern medicine got a foothold in the village, he immediately viewed the clinic as a competitor and resorted to unscrupulous methods to bring about its downfall. This is undoubtedly true, but can the clinic's downfall be simply attributed to the personal villainy of one man?

Don Rosas' actions were motivated by the fact that he belonged to a profession that was being slowly crowded out by newer and more modern techniques. There is no reason to believe that any of the other curanderos in the village felt differently about the clinic. But since Don Rosas was more powerful than the others, he was in a better position to do something about his antagonism. Rather than an evil individual, Don Rosas can be taken as a symbol of the traditional practitioner everywhere who is being deprived of his status and importance by the advance of modern medicine.

177 743 661 But aside from the threat to traditional medicine, we have seen that Don Rosas was not alone in opposing the clinic. In fact, virtually every established political figure in Tepoztlán—the mayor, the school principal, the councilmen, the secretary, and others—had or found reasons for sabotaging the clinic. If we are to attribute personal villainy to Don Rosas, we must do the same for the whole of Tepoztlán officialdom. And we must also include the governor and senator of the state of Morelos. Rather than conclude that this just happened to be a particularly corrupt regime and expect the next one to be different, it would seem more rational to consider this state of affairs as something inherent in the culture of Tepoztlán and, in fact, of many communities.

Instead of explaining the attack on the medical clinic in Tepoztlán as the unscrupulous work of a fortuitous aggregation of villains, it would be more realistic to regard it as a special case of a general response to the introduction of any new enterprise into an established community. Whenever the activities of an outside group—health team, research project, or any enterprise affecting the pattern of interpersonal relations within a community

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—are perceived by those in power as threatening their position, they will attempt directly or indirectly to undermine the efforts of that group.

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SUMMARY

When our research team came to the Mexican village of Tepoztlán to study its culture and its people, the residents asked us to help them in a practical way, pointing out that they lacked a doctor, among other things. The Mexican government supplied a doctor for a six-month term, and we helped the community establish a medical cooperative that might be able to persist as a going concern even after we left the village. Despite the fact that the cooperative seemed to meet an expressed need and despite its initial success as judged by attendance, the clinic quite suddenly lost patronage and was abandoned.

Compared with carefully planned, government-sponsored health and medical programs in underdeveloped areas, our small-scale endeavor which grew out of the needs of a research project was clearly a minor, almost amateur, effort. Nevertheless, this case study highlights a number of principles and problems to be found in most attempts to introduce modern medicine into so-called backward areas of the world.

This case throws light upon the dynamic forces at work in a peasant community which, on the surface, appears simple and static. It shows quite clearly that the success or failure of a medical program depends on many cultural factors besides the competence of doctors and the quality of services. The major obstacles encountered in the Tepoztlán case were these: readiness to distrust innovations and a generalized lack of interest in changing local ways of doing things; inadequacy of economic resources, even the one peso fee being too high for many villagers; lack of rapport between doctors and patients resting on the doctors' ignorance of native illness concepts and an attitude of superiority; continued faith of the villagers in their local curanderos; finally, and perhaps most important, readiness of local interest groups, headed by the leading curandero, to view the medical cooperative as a threat to their power.

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